MULTIPLE DEPENDENT CLAIM SERIAL NO. **CULATION SHEET** FEE C FILING DATE (FOR U VITH FORM PTO-875) CLAIMS (703) 385-8421 AFTER AS FILED AFTER I AMENDMENT AFTER I MAMENDMENT AS FILED AFTER IND. DEP. I"AMEDEDMENT IND. DEP. IND. DEP. THEMOTOMENT IND. DEP. IND. DEP. IND. DEP. <u>57</u> 58 et er tredfelddistolskiesdistsfereleetheiskeide oli it <u>67</u> e <u>27</u> (I) 29 79 <u>35</u> 例 TOTAL IND T TOTAL DED å TOTAL DEP TOTAL DEP TOTAL,

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